

AF/3724

PTO/SB/21 (02-04)
Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/815,962	
	Filing Date	March 23, 2001	
	First Named Inventor	J. Wilson	
	Art Unit	3724	
	Examiner Name	C. Goodman	
Total Number of Pages in This Submission	10	Attorney Docket Number	14460/04023

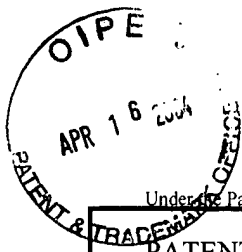
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): See Remarks
<div>Remarks - Fee Determination Record - Postcard</div> <div>RECEIVED APR 20 2004 TECHNOLOGY CENTER R3700</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	24024
Signature	<i>Brian S. Kondas</i>
Date	April 13, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Marianne Crimaldi		
Signature	<i>Marianne Crimaldi</i>	Date	April 13, 2004

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Approved for use through 10/31/2002. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 14460/04023		
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	18	minus 20 = *	0	x \$ _____ =	0		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 = *	1	x _____ =	80		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	0		
				TOTAL	790		
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* 7	Minus	** 20	= 0	x \$ _____ =	18
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 4	= 0	x _____ =	84
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	0	
				TOTAL	102		
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* 7	Minus	** 21	= 0	x \$ _____ =	0
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 5	= 0	x _____ =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	0	
				TOTAL	0		
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+		
				TOTAL			

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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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